## **Best Available Copy**

| PATENT APPLICATION FEE DETERMINATION RECORI<br>Effective October 1, 2000 |  |   |              |                               |                      |   |          |  | Application of Docket Number 09   834434      |          |            |                        |  |  |  |
|--|--|---|--------------|-------------------------------|----------------------|---|----------|--|---|----------|------------|------------------------|--|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |              |                               |                      |   |          | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |   |          |            |                        |  |  |  |
| TOTAL CLAIMS   |  |   | 24           |                               |                      |   |          | RATE   | FEE   |          | RATE       | FEE                    |  |  |  |
| FOR  |  |   | NUMBER FILED |                               | NUMBER EXTRA         |   |          | BASIC F                                      | EE 355.0                                      | OR       | BASIC FEE  | 710.00                 |  |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 24 minus 20= |                               | . 9                  |   | X\$ 9=   |  | 36  | OR       | X\$18=     |                        |  |  |  |
| INDEPENDENT CLAIMS   |  |   | 2 minus 3 =  |                               | 0                    |   | X40=     |  |   | OR       | X80=       |                        |  |  |  |
| MULTIPLE DEPENDENT CLAIM P   |  |   | RESENT       |                               |                      |   | ľ        | +135=  |   | OR       | +270=      |                        |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |              |                               |                      | L   | TOTAL    |  | OR  | TOTAL    |            |                        |  |  |  |
| 3/21/05 CLAIMS AS AMENDED - PART II                                      |  |   |              |                               |                      |   |          | 1017.  | 1277  |          | OTHER      | THAN                   |  |  |  |
|  | 100  | (Column 1)                                |              | (Colur                        | nn 2) (Column 3)     |   | SMAL     |  | L ENTITY                                      | OR       | SMALL      |                        |  |  |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA  |          | RATE   | ADDI-<br>TIONA<br>FEE                         |          | RATE       | ADDI-<br>TIONAL<br>FEE |  |  |  |
| NON  | Total  | • 15                                      | Minus        | व                             | 4                    | = <i>V</i>  |          | X\$ 9=                                       |   | OR       | X\$18=     |                        |  |  |  |
| AME  | Independent                                    | • 3                                       | Minus        | 3 •••                         | 3                    | = Ø   |          | X40=   |   | OR       | X80=       |                        |  |  |  |
| Ш  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                               |                      |   | 1        | +135=  |   | OR       | +270=      |                        |  |  |  |
|  |  |   |              |                               |                      |   |          | TOTA   |   | OR       | TOTAL      | · .                    |  |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                               |                      |   |          | ADDIT. FE                                    | : <b>:                                   </b> |          | ADDIT. FEE |                        |  |  |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA  |          | RATE   | ADDI:<br>TIONA<br>FEE                         |          | RATE       | ADDI-<br>TIONAL<br>FEE |  |  |  |
| NDA  | Total  | •   | Minus        | ••                            |                      | =   |          | X\$ 9=                                       |   | OR       | X\$18=     |                        |  |  |  |
| AME  | Independent                                    |   | Minus        | ***                           |                      | -   | ļľ       | X40=   |   | OR       | X80=       |                        |  |  |  |
|  | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEF  | PENDENT                       | CLAIM                |   | J        | +135=  |   | OR       | +270=      |                        |  |  |  |
|  |  |   |              |                               |                      |   | L        | TOTA   | <u>.                                    </u>  | OR       | TOTAL      |                        |  |  |  |
|  |  | (Column 1)                                |              | (Colur                        | mn 2)                | (Column 3)  |          | ADDIT. FE                                    | t   |          | ADDIT. FEE |                        |  |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA  |          | RATE   | ADDI-<br>TIONAI<br>FEE                        |          | RATE       | ADDI-<br>TIONAL<br>FEE |  |  |  |
| NON  | Total  | •   | Minus        | **                            |                      | =   |          | X\$ 9=                                       |   | OR       | X\$18=     |                        |  |  |  |
| AME  | Independent                                    | •   | Minus        | ***                           |                      | =   | <b> </b> | X40=   |   | OR       | X80=       |                        |  |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                               |                      |   |          | . 125  |   | 1        | +270=      |                        |  |  |  |
|  |  |   |              |                               |                      | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |          |  |   |          |            |                        |  |  |  |
|  |  |   |              |                               |                      |   | L        |  |   | OR<br>OR | TOTAL      |                        |  |  |  |